

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

ELECTRONIC STD-262 (REV. 04/95)

Statement-On-Reverse-Side

Page of Pages

CLAIMANT'S NAME Matthew R. Bettenhausen		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT California Emergency Management Agency	
POSITION Secretary	CB/D NUMBER E99	DIVISION OR BUREAU Executive		INDEX NUMBER	
RESIDENCE*		HEADQUARTERS ADDRESS 3650 Schriever Ave.		TELEPHONE NUMBER 916-324-8908	

CITY Sacramento	STATE CA	ZIP CODE 95833	CITY Mather	STATE CA	ZIP CODE 95655
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(1) MONTH/YEAR Dec. 2008-May 09		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH			(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
9-Dec		Monterey										\$ 15.00 ✓	\$ 15.00	
7-May		Sacramento								\$ 27.00 ✓			\$ 27.00	
9-May	12:00	Sacramento to Santa Barbara	94.68 \$ 99.68			\$ 18.00 ✓							112.68 \$ 117.68	
10-May	20:00	Santa Barbara to Sacramento		\$ 6.00 ✓	\$ 10.00 ✓	\$ 18.00 ✓	\$ 6.00 ✓						\$ 40.00	
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 ACCOUNTING RECEIVED
 10 MAR - 3 PM 3:33

(10) SUBTOTALS	94.68	\$ 99.68	\$ 6.00	\$ 10.00	\$ 36.00	\$ 6.00				\$ 27.00		\$ 15.00	194.68
COLUMN CODE (ACCTG. USE ONLY)													194.68

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

December 9, 2008 Business Center Charge for work related document retrieval.

May 7, 2009 Airport parking reimbursement. Lost receipt; credit card receipt attached. Original TEC copy attached.

5/9-10/09: Travel to Santa Barbara to staff the Governor.

(12) NORMAL WORK HOURS

9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

48.5¢/Mile

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)

DATE